

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110041-0

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					DDS/OF-109	
1. TITLE OF REPORT (if a fill-in report include Form No.) Report on Non-Staff Personnel - O/Finance					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL	<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE	ADMIN. GENERAL OTHER (specify)			
4. NO. OF COPIES PREPARED 2	5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly			6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form computer print-out, etc) Form	8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT O/Personnel		
10. PREPARING COMPONENT (include lowest level contributing information to report) OF/SS			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
GS-10	\$ 5.75		1/4		\$ 1.44	4 \$ 5.76
GS-13	9.94		1/4		2.49	4 9.96
			1/2		\$ 3.93	\$15.72
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR \$ 15.72						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  Listing of all non-staff personnel assigned to O/Finance required by O/Pers.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					<input checked="" type="checkbox"/> OTHER (explain) to be determined by O/Pers MAN-HOURS DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION
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